

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/144485

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
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Total Indep	2					
Total Depend	2					
Total Claims	4					

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